

12/12/01
11054 U.S. PTO

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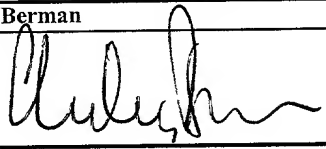
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PTO/SB/05 (08-00)

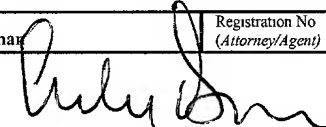
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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 20441-15	
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		First Inventor	Frances J.R. Richmond et al.
		Title	System and Method for Providing Recovery From Muscle Denervation
Express Mail Label No. EL585706475US		Commissioner of Patents	
ADDRESS TO: Box Patent Application Washington, DC 20231			
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.			
<div>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</div> <div>2. <input checked="" type="checkbox"/> Applicant claims small entity status. (See 37 CFR 1.27)</div> <div><input checked="" type="checkbox"/> Specification Total Pages (19) (preferred arrangement set forth below)<ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div><input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets (2)</div> <div><input type="checkbox"/> Oath or Declaration<ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<ul style="list-style-type: none">i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</div> <div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div> <div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</div> <div>8. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)<ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statements verifying identity of above copies</div>			
ACCOMPANYING APPLICATION PARTS			
<div>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)</div> <div>11. <input type="checkbox"/> English Translation Document (if applicable)</div> <div>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</div> <div>16. <input type="checkbox"/> Other: _____</div>			
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheets under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: _____ Prior application information: Examiner: _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer No. or Bar Code Label		or <input type="checkbox"/> Correspondence address below	
(insert Customer No. or Attach bar code label here)			
Address Oppenheimer Wolff & Donnelly LLP, 2029 Century Park East, Suite 3800			
City	Los Angeles	State	CA
Country	United States	Telephone	(310) 788-5000
Name (Print/Type)	Charles Berman	Registration No. (Attorney/Agent)	29,249
Signature			Date December 12, 2001

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FEE TRANSMITTAL for FY 2002				Complete if Known			
Patent fees are subject to annual revision.				Application Number		New (filed herewith)	
				Filing Date		December 12, 2001	
				First Named Inventor		Richmond, Frances J R	
				Examiner Name		Not yet assigned	
				Group Art Unit		Not yet assigned	
TOTAL AMOUNT OF PAYMENT		(\$)		Attorney Docket No.		20441-15	
METHOD OF PAYMENT				FEE CALCULATION (continued)			
1. <input type="checkbox"/> The commissioner is hereby authorized to charge indicated fees and credit any overpayments to.				3. ADDITIONAL FEES			
Deposit Account Number 16-2230							
Deposit Account Name Oppenheimer Wolff & Donnelly LLP							
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17							
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
2. <input checked="" type="checkbox"/> Payment Enclosed:							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION							
BASIC FILING FEES							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
101	710	201	355	Utility filing fee	355		
106	320	206	160	Design filing fee			
107	490	207	245	Plant filing fee			
108	710	208	355	Reissue filing fee			
114	150	214	75	Provisional filing fee			
SUBTOTAL (1)				(\$)		355	
2. EXTRA CLAIM FEES							
Total Claims	32	-20** =	12	X	\$ 108	=	108
Independent Claims	7	-3** =	4	X	\$160	=	160
Multiple Dependent							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
103	18	203	9	Claims in excess of 20			
102	80	202	40	Independent claims in excess of 3			
104	270	204	135	Multiple dependent claim, if not paid			
109	80	209	40	** Reissue independent claims over original patent			
110	18	210	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$)		268	
**or number previously paid, if greater, For Reissues, see above							
SUBMITTED BY				Complete (if applicable)			
Name (Print/Type)	Charles Berman			Registration No (Attorney/Agent)	29,249	Telephone	(310) 788-5098
Signature				Date	December 12, 2001		